

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF	United States of America		COURT CASE NUMBER	11-CR-129-SM
DEFENDANT	Lionel Cole		TYPE OF PROCESS	Final Order of Forfeiture
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
	see below			
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			Number of process to be served with this Form 285	2013 JUN 14 PM 4:19 U.S. MARSHAL SERVICE DISTRICT OF N.H.
Robert J. Rabuck, AUSA US Attorney's Office 55 Pleasant Street Concord, NH 03301			Number of parties to be served in this case	
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Please dispose of the following asset, according to the Final Order of Forfeiture:

Fold

CATS ID #: 13-DEA-572246 One Glock 9 mm hand gun

Signature of Attorney other Originator requesting service on behalf of	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
Robert J. Rabuck, AUSA		(603) 225-1552	6/14/13

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 49	District to Serve No. 49	Signature of Authorized USMS Deputy or Clerk Kate Z. Renaud	Date 6/14/13
---	--------------------	------------------------------	-----------------------------	--	-----------------

I hereby certify and return that ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted be

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 6-25-13 Time <input type="checkbox"/> am <input checked="" type="checkbox"/> pm Signature of U.S. Marshal or Deputy Kate Z. Renaud

Service Fee 55-	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges 55-	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) 55-
--------------------	---	----------------	----------------------	------------------	--

REMARKS: USMS took custody of the gun on 6/14/13,
Glock destroyed on 6-25-13 at STXAFU

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

RECEIVED
U.S. MARSHAL
CONCORD, NH

Form USM-285
Rev. 12/15/80
Automated 01/00

Clerk